## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/09/2014	Street:	6558 LOWER DUGAN RD	
Incident #:	14ISPC002971	Apt, Lot, Ro	Apt, Lot, Room #:	
County:	SWITZERLAND	City:	VEVAY, IN	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
<ul><li>☑ Lab Seizure</li><li>☐ Chemical Seizure</li><li>☐ Equipment Seizure</li><li>☐ Dumpsite Seizure</li></ul>		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
<ul> <li>☑ One Pot or Birch Reaction(s):</li> <li>OUTBUILDING</li> <li>☐ Red Phosphorous/Iodine Reaction(s):</li> <li>☐ Hydrochloric Acid Gas Generator(s):</li> <li>☐ Flammable Solvents:</li> <li>OUTBUILDING</li> </ul>		<ul> <li>Water Reactive Metal (Lithium):</li> <li>Anhydrous Ammonia:</li> <li>Corrosive Acid:</li> <li>Corrosive Base: OUTBUILDING</li> <li>Ammonium Nitrate/Sulfate:</li> <li>Other (item and location):</li> </ul>		
Child under age 18 discovered (check appropriate)				
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often Living conditions of home: ☐ clean ☐ disarray ☐ unclean		Estimated length of time manufacturing had been occurring: <a href="TWO WEEKS">TWO WEEKS</a> Additional Information: <a href="REMINANTS OF PRIOR LAB">REMINANTS OF PRIOR LAB</a>		
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>JEFF-CRAIG VFD</u> Fax: <u>EMAIL</u> Health Department County: <u>SWITZERLAND CO</u> Fax: <u>EMAIL</u> Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <a href="https://example.com/HOWARD">HOWARD "CHIP" AYERS</a> Phone <a href="https://example.com/howards/at-4591">317.234.4591</a>				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.				

MSS 03-05-2014